

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		59	291
<b>FORMALITY REVIEW</b>	JCS	JC906	02/23/01
<b>RESPONSE FORMALITY REVIEW</b>	m	927	06/07/01
		905	8/09/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	6/19/01	2	6/19/01	3	
3	✓	4		5	
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If more than 150 claims or 10 actions  
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